

RBCU Business Services Application

Please print and sign below.

Check all that apply:

- New Business Membership _____
- Business Checking _____
- Business Share _____
- Organizational Checking _____
- Add/Remove/Change Authorized Signatory _____

Check ownership:

- Sole Proprietorship (List Owner) _____
- Partnership Corporation LLC Non-Profit Organization

Check if interested in:

- Business Safeguard
- Visa® Credit Card
- Business Loan

Account Owner (Business Information):

Business name _____

Type of business _____

Physical address _____ Years at address _____

Mailing address (if different) _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

TIN/EIN _____ Years in business _____

List all Officers, Partners, or Members (Attach page for more space)

Name	Title	% Ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____

Authorized Signer #1:

Issue VISA Check Card (optional)

First name _____ Last _____

Date of birth _____ Social Security # _____ Drivers license # _____

Address _____ Years at current address _____

City _____ State _____ Zip _____

Home phone _____ Work phone _____

Authorized Signer #2:

Issue VISA Check Card (optional)

First name _____ Last _____

Date of birth _____ Social Security # _____ Drivers license # _____

Address _____ Years at current address _____

City _____ State _____ Zip _____

Home phone _____ Work phone _____

(Attach page for more space)

Application Checklist:

- Completed Business Services Application
- Completed Resolution of Authority
- \$25 Minimum deposit
- \$100 (additional) minimum deposit for checking account
- Driver's license or state ID copies for each authorized signer
- Certificate of good standing
- All required paperwork (see right)

Partnership:

- Partnership Agreement
- Articles of Organization (LLP only)
- Certificate of Organization (LLP only)
- Statement of Qualification (LLP only)
- Certificate of assumed name with proof of publication (if applicable)

Sole Proprietorship:

- Assumed Name (if applicable)

Limited Liability Company:

- Articles of Organization
- Certificate of Organization

Corporation:

- Articles of Incorporation
- Certificate of Incorporation

Non-Profit Organization:

- Proof of 501(c)(3) status granted

By signing below, I/We hereby certify that all information contained in this application is true and accurate to the best of my/our knowledge. By signing below, I/We agree to the terms and conditions of the Business Account Agreement, Business Services Deposit Rate, and Business Services Fee Schedules if applicable, and to any amendment the credit union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. I/We authorize verification of employment, credit history, and investigation of credit experience of all signers. All signers acknowledge that they will notify the credit union in writing of any change in status or ownership of the company establishing this or any account. All signers acknowledge that any changes to this account, including adding or removing signers, must be made in writing to the credit union on forms acceptable to the credit union. By signing below you certify that you are authorized and have full power to act on behalf of the company.

Authorized Signer Signature _____ Title _____ Date _____ Authorized Signer Signature _____ Title _____ Date _____

RBCU Resolution of Authority

Please print and sign below.

Account Ownership: The undersigned certifies that they are the _____ of _____
(title) (company name)
 Sole Proprietorship organized under the state laws of _____, Federal Tax ID # _____
 Partnership
 Corporation hereafter known as the company, and that the resolutions on this document are a correct copy of the resolutions
 LLC adopted at a meeting of the Board of Directors of the company duly called and held on _____
 Non-Profit Organization (date)
Organization

Please list all authorized signers for the account:

A	Full name	Title	Signature	ID Information (SS# or DL#)
B	Full name	Title	Signature	ID Information (SS# or DL#)
C	Full name	Title	Signature	ID Information (SS# or DL#)
D	Full name	Title	Signature	ID Information (SS# or DL#)

Powers Granted (Grant one or more power(s) to the authorized signer by circling the letter corresponding to their name above.)

For liability reasons, RBCU does not offer accounts with dual control. If your business requires two signatures for certain transactions, you may do so with the understanding that the above stated business assumes responsibility. RBCU will not be held liable for failure to enforce dual control.

Circle all that apply: Description of Power

1. **A B C D** Exercise **all** of the powers listed below.
2. **A B C D** Open any deposit or share accounts in the name of the company.
3. **A B C D** Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this financial institution.
4. **A B C D** Borrow money on behalf and in the name of the company, sign, execute, and deliver promissory notes or other evidence of indebtedness.
5. **A B C D** Endorse, assign, transfer, mortgage or pledge bills receivable warehouse receipts, bills of lading, stocks, bonds, and real estate or other property now owned or hereafter owned or acquired by the company as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated, or discounted and to waive demand, presentment, protest, notice of protest, and notice of non-payment.
6. **A B C D** Other _____

Limitations on Powers. The following are the company's express limitations on the powers granted under this resolution:

Effect on previous resolutions. This resolution replaces resolution dated _____. If left blank, all resolutions remain in effect.

Certificate of Authority

I further certify that the Board of Directors (or governing body) of the company has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the foregoing resolutions and to confer the powers granted to the persons named who have full power and lawful authority to exercise the same.

Authorized Signer Signature	Title	Date	Authorized Signer Signature	Title	Date
-----------------------------	-------	------	-----------------------------	-------	------